

Does pregnancy affect outcome of methadone maintenance treatment?

Crandall C; Crosby RD; Carlson GA. *Journal of Substance Abuse Treatment* 26(4): 295-303, 2004. (45 refs.)

Studies of pregnant women receiving methadone maintenance have tended to focus on teratogenic, prenatal, and neonatal issues. We are not aware of any controlled studies comparing pregnant to non-pregnant heroin-addicted women in methadone treatment. This article presents findings from a study examining treatment outcome between pregnant and non-pregnant participants in a metropolitan methadone-maintenance program. Participants were 51 pregnant women and 51 non-pregnant women enrolled in a methadone maintenance program between 1994 and 2003. Groups were compared on demographic characteristics, psychiatric comorbidity, urinalysis results and retention rates. Groups were comparable in terms of most demographic characteristics and severity of addiction at intake. Groups did not differ significantly in terms of urinalysis results or retention rates. While most women reduced their drug use, a majority of both groups continued to use illicit drugs at least occasionally. Psychiatric comorbidity was significantly different with the non-pregnant group being more psychiatrically disordered. Clinical implications are discussed. Copyright 2004, Elsevier Science.

Differential response to alcohol in light and moderate female social drinkers.

Evans SM; Levin FR. *Behavioral Pharmacology* 15(3): 167-181, 2004. (80 refs.)

Individuals who are moderate drinkers are at increased risk to abuse alcohol. Moreover, women are more vulnerable than men to the adverse consequences of alcohol consumption and recent data indicate that the drinking pattern in women is becoming more similar to that of men. However, few studies have determined whether female moderate drinkers (MD) show a differential response to the subjective and performance effects of alcohol, compared to female light drinkers (LD). Fifteen female MID who consumed an average of 34.7 drinks/month were compared to 15 female LD who consumed an average of 6.7 drinks/month. None of the participants had a first-degree family history of alcoholism or substance abuse. The acute effects of alcohol (0, 0.25, 0.50, 0.75 mg/kg) were evaluated using a double-blind, placebo-controlled outpatient design. Drug effects were assessed using a full range of performance measures, subjective-effects

questionnaires and observer ratings. Alcohol impaired performance in a dose-related manner on all performance tasks for both groups of females. However, MD were less impaired than LD on balance and Digit Symbol Substitution Test (DSST). This reduced response was also evident from the observer ratings, with MD being viewed as less impaired by alcohol than LD. While ratings of Drug Liking increased in both groups of women on the ascending limb of the breath alcohol curve, alcohol was disliked by LD on the descending limb and LD reported increased ratings of Bad Drug Effects following the high dose of alcohol. The reduced performance impairment, coupled with the positive subjective effects and relative absence of adverse subjective effects, suggestive of behavioral tolerance, could result in a progression towards increased alcohol consumption among moderate female social drinkers. Copyright 2004, Lippincott, Williams & Wilkins.

Personality disturbances in drug-dependent women: Relationship to childhood abuse.

Haller DL; Miles DR. *American Journal of Drug and Alcohol Abuse* 30(2): 269-286, 2004. (30 refs.)

This study examined associations between childhood abuse and personality disturbances in 228 drug-dependent women. Thirty-six percent denied abuse, 50% reported emotional, 42% physical, and 42% sexual abuse. Million Clinical Multi-axial Inventory (MCMI-III) scores > 74 provided evidence of personality disturbance and scores on Minnesota Multiphasic Personality Inventory-2 (MMPI-2) scales measuring somatic complaints, depression, anxiety and posttraumatic stress disorder (PTSD) served as covariates. Emotional and physical abuse survivors were at increased risk for borderline, masochistic, and avoidant disturbances and decreased risk for narcissistic disturbances. Emotional abuse survivors were also less likely to be sadistic whereas physical abuse survivors were more likely to be paranoid. Sexual abuse survivors were twice as likely to be antisocial; however, no association was found with borderline personality. Finally, an increased prevalence of severe personality disturbances was observed among those experiencing multiple types of abuse. Childhood trauma predisposes drug-dependent women to develop troublesome personality characteristics that are independent of drug addiction and other psychological problems associated with childhood trauma. Copyright 2004, Marcel Dekker Inc.

Smoking stage of change is associated with retention in a smoke-free residential drug treatment program for women.

Haller DL; Miles DR; Cropsey KL. *Addictive Behaviors* 29(6): 1265-1270, 2004. (15 refs.)

Prochaska and DiClemente's Transtheoretical Model predicts dropout from substance-abuse treatment. However, it is not known whether readiness to quit smoking is associated with attrition from drug treatment programs with smoking restrictions. This study examined the relationship between smoking characteristics, smoking stage of change, and both length of stay (LOS) and discharge type among 75 perinatal substance abusers attending a smoke-free residential treatment program. URICA scores predicted LOS ($P = .0004$) and discharge type ($P = .01$). Women in action and maintenance remained in treatment longer and were more likely to complete treatment compared to those in precontemplation. Findings were not accounted for by addiction severity. Women with little interest in quitting smoking may have difficulty adhering to smoking restrictions during treatment for other drug problems, resulting in increased attrition. Alternatively, smoking stage of change may be a "proxy" for overall readiness to change in this population. Copyright 2004, Elsevier Science Ltd.

Opioid-, cannabis- and alcohol-dependent women show more rapid progression to substance abuse treatment.

Hernandez-Avila CA; Rounsaville BJ; Kranzler HR. *Drug and Alcohol Dependence* 74(3): 265-272, 2004. (51 refs.)

Alcohol-dependent women progress faster from onset of alcohol drinking to entry into treatment, experiencing an earlier onset (i.e., "telescoping") of alcohol-related complications. This phenomenon also appears to be evident in drug-dependent women, though the data available to support telescoping in drug dependence is less abundant. Objective: To evaluate gender effects on progression to treatment entry and on the frequency, severity and related complications of DSM-III-R drug and alcohol dependence among 271 substance-dependent patients (mean age: 32.6 years; 156 women). Method: Multivariate and univariate ANCOVA was used to compare age at onset of regular use of cocaine, opioids, cannabis and alcohol and time elapsed between initiation of regular use of each substance and entry into an index or current substance abuse treatment. Scores on the Addiction Severity Index (ASI) were also examined. Results: There was no gender difference among patients in the age at onset of regular use of any substance. Women experienced fewer years of regular use of opioids and cannabis, and fewer years of regular alcohol drinking before entering treatment. Although the severity of drug and alcohol dependence did not differ by gender, women reported

more severe psychiatric, medical and employment complications. Conclusions: These findings support the notion of an accelerated progression to treatment entry among opioid-, cannabis- and alcohol-dependent women, and suggest that there exists a gender-based vulnerability to the adverse consequences of these disorders Copyright 2004, Elsevier Science Ireland Ltd.

Marijuana in pregnancy.

Kuczkowski KM. *Annals of Academy of Medicine Review* (Singapore) 33(3): 336-339, 2004. (44 refs.)

Introduction: The prevalence of recreational drug abuse among young adults, including women, has increased markedly over the last 2 decades. Nearly 90% of these women are of childbearing age. Marijuana remains the drug most commonly used for recreational purposes in pregnancy. However, there appears to be an absence of uniform guidelines for obstetric and anaesthetic management of pregnant patients with a history of marijuana abuse. Materials and Methods: A Medline search for articles highlighting drug abuse in pregnancy, with particular emphasis on marijuana abuse in pregnancy, the drug's impact on the fetus and implications for administration of obstetrical anaesthesia was performed. Results: Because the pharmacological actions of marijuana are complex and include a unique blend of effects, the clinical picture could be very unpredictable, the diagnosis often difficult, and management at times controversial. Conclusion: In the absence of uniform anaesthetic guidelines for pregnant patients with a history of drug abuse, including abuse of marijuana, the decision regarding administration of peripartum analgesia or anaesthesia should be individualised and conducted on a case-by-case basis. Copyright 2004, Academic Medicine of Singapore.

To what extent are key services offered in treatment programs for special populations?

Olmstead T; Sindelar JL. *Journal of Substance Abuse Treatment* 27(1): 9-15, 2004. (29 refs.)

Many substance abuse treatment (SAT) facilities offer programs designed specifically for special populations such as women, adolescents, gays/lesbians and others. Previous research shows that there are specific services that are integral to the successful treatment of these populations (e.g., family therapy for adolescents, childcare and transportation assistance for women, and HIV testing and counseling for gays/lesbians). This study examines whether facilities that self-report having programs for special populations actually offer the recommended services. The data come from the 2000 National Survey of Substance Abuse Treatment Services, which contains information on service offerings, special programs and

other characteristics for all SAT facilities in the USA. The results indicate that facilities with special programs are more likely to offer the recommended key services. However, often less than half of these facilities provide the key services. There are consistent differences by ownership status, with for-profit facilities less likely to offer many of the key services. Copyright 2004, Elsevier Science Ltd.

Substance use associated with unintended pregnancy outcomes in the National Longitudinal Survey of Youth.

Reardon DC; Coleman PK; Cogle JR. *American Journal of Drug and Alcohol Abuse* 30(2): 369-383, 2004. (51 refs.)

Abortion is known to be associated with higher rates of substance abuse, but no studies have compared substance use rates associated with abortion compared to delivery of an unintended pregnancy. This study examines data for women in the National Longitudinal Survey of Youth whose first pregnancy was unintended. Women with no pregnancies were also used as a control group. Use of alcohol, marijuana, cocaine, and behaviors suggestive of alcohol abuse were examined an average of four years after the target pregnancy among women with prior histories of delivering an unintended pregnancy (n = 535), abortion (n = 213), or those who reported no pregnancies (n = 1144). Controls were instituted for age, race, marital status, income, education, and prepregnancy self-esteem and locus of control. Compared to women who carried an unintended first pregnancy to term, those who aborted were significantly more likely to report use of marijuana (odds ratio: 2.0), with the difference in these two groups approaching significance relative to the use of cocaine (odds ratio: 2.49). Women with a history of abortion also reported more frequent drinking than those with a history of unintended birth. With the exception of less frequent drinking, the unintended birth group was not significantly

different from the no pregnancy group. Resolution of an unintended pregnancy by abortion was associated with significantly higher rates of subsequent substance use compared to delivering an unintended pregnancy. A history of abortion may be a useful marker for identifying women in need of counseling for substance use. Copyright 2004, Marcel Dekker Inc.

Relationship of onset of cigarette smoking during college to alcohol use, dieting concerns, and depressed mood: Results from the Young Women's Health Survey.

Saules KK; Pomerleau CS; Snedecor SM; Mehringer AM; Shadle MB; Kurth C et al. *Addictive Behaviors* 29(5): 893-899, 2004. (15 refs.)

To investigate the issue of smoking initiation during college, we administered a survey of women's health behavior to college women during freshman orientation, at the end of their freshman year and again during their senior year. Never smokers (NS; n=374), early-onset smokers (EOS; n=52), and late-onset smokers (LOS; n=64) were compared on dieting concerns, mood problems, alcohol-related problems, and frequency of binge drinking episodes. By the senior year of college, 55% (64/116) of those who had smoked in the past month had started smoking during college, although they were more likely than never smokers to have experimented with cigarettes prior to college. Escalating depression during the first year of college, dieting concerns, and alcohol-related problems were significant risk factors for smoking initiation during college, while binge drinking appeared to covary with cigarette smoking. Results suggest that prevention efforts should target nonsmokers with high dieting concerns and escalating depression early in college, while intervention efforts may need to target not only smoking but also problematic alcohol use among smoking college women. Copyright 2004, Elsevier Science Ltd.